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**INTRODUCTION**  
*to a series  
of papers  
by authors*



## Who Have Worked With These Paraprofessionals

The use of aides in health organizations has arisen from two quite different forces. One is the need for more manpower to provide better health services to the public. It is believed that many tasks performed by public health workers who have been highly trained can be done by persons having less academic preparation and clinical experience. The second force is the need to serve more effectively the ethnic and socioeconomic minorities—often designated “the hard-to-reach” groups. Coupled with this force is the desire to offer new work opportunities to such disadvantaged persons, particularly those from the hard-to-reach communities.

The papers in this section indicate a few of the many considerations that enter into acceptance of this type of employee as a health worker. Carlaw describes an approach to training health aides that differs from the technical and largely authoritarian training traditionally provided other health workers. Hoff identifies crucial areas of training, describes a process of implementation, and offers a schematic model for a training program. Heath, Pelz, and Hildebrand discuss the varying perceptions of duties performed by the aides as compared with those of their associates, both in official and voluntary agencies.

Callan stresses the importance of “helping” or educational supervision rather than evaluative or judgmental supervision. The principles of an educational approach can be adapted to supervision in any organization. Implementing this approach could lead

to higher morale, more efficient performance, and more effective operation.

D’Onofrio suggests the kinds of analyses that are needed when a new category of worker is introduced into what has been for years a somewhat stable hierarchy. Her detailed description of the many confusions and ambiguities that arise confirms the statements of anthropologists that change in one part of the culture creates unsettling conditions throughout the culture—some good, some detrimental.

D’Onofrio’s paper suggests potential disturbances ahead for those of us dispensing health services as the growing number of new types of workers (for example, medical assistants, specialized technicians, and nursing assistants) are introduced into the health field.

Suggestions and cautions from these authors who have had a practical working experience with the various types of health aides will help agencies that are considering the use of such workers. The authors also draw attention to the interpersonal problems that arise when traditional duties are realigned—an activity that is destined to become more rather than less frequent in health circles.

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